

Work Order ID 90508

90508

Page 1

September-19-12 8:46:28 AM

Item ID: 646.9910

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Strut

Start Date: 9/19/12 Start Qty: 40.00

40

Cust Item ID:

Required Date: 9/28/12 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-09-19 Tooling: Date:

Run Start *NR1*

QC: Date: SPC (Y/N): Date:

Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr | Revision Nbr | | | | | | | | |
| 647.9900 | N/C | | | | | | | | |

110

0.00

110

Doosan

Memo

0.00

Doosan Lathe

TURN AS PER DWG
DWG REV: NH
FOLIO REV: NH

DEBURR

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|---|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |

Work Order ID 90508

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Page 2

September-19-12 8:46:28 AM

Item ID: 646.9910 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Strut
 Start Date: 9/19/12 Start Qty: 40.00 *40* Cust Item ID:
 Required Date: 9/28/12 Req'd Qty: 40.00 *40* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 170 | QC8- Inspect parts - second check | 0.00 | | | | | | | |
| *170* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 180 | | 0.00 | | | | | | | |
| *180* | PURCHASING | | | | | | | | |
| Purchasing | Memo | 0.00 | | | | | | | |
| Purchasing | Issue P/O: 18103 | ANODIZE AS PER DWG | | | | | | | |
| 190 | Receive & Inspect for Damage & Mat'l Certs | 0.00 | | | | | | | |
| *190* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | Ensure certificate of conformity is attached | | | | | | | | |

DAS
14

12/10/09

13

C2 12/10/11 13

12/10/13 13

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------------|--|--------------------------------------|---|----------------------|--|----------------|--------------|--------------|--|--|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
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| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
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Work Order ID 90508

90508

Page 3

September-19-12 8:46:28 AM

Item ID: 646.9910 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Strut
 Start Date: 9/19/12 Start Qty: 40.00 *40* Cust Item ID:
 Required Date: 9/28/12 Req'd Qty: 40.00 *40* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--|---|-----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------|
| 200 *200* QC Quality Control | QC5- Inspect part completeness to step on W/O Memo | 0.00 Smb 121023 | | | | 13 | | | |
| 201 *201* SprayPaint Spray Painting | Memo PRIME AS PER DWG 122543 | 0.00 0.00 | | | | 13 | 0 | 0 | 12-11-8 |
| 203 *203* QC Quality Control | QC14- Inspect Spray Paint Memo | 0.00 0.00 | | | | 13 | | | DAS 05 12 11 0 |

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------------|--|--------------------------------------|---|----------------------|---|----------------|--------------|--------------|--|--|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | | | | | | | | | | | | | | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
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90508

September-19-12 8:46:28 AM

N900040100

Setup Start *NS1*

Stop *NS2*

40

40

Customer:

Run Start *NR1*

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

210

210

Packaging

Packaging

Operation Description

Identify as per dwg & Stock Location: ST 438 -0.00

Memo

Set Up/ Run Hours

0.00

Tool ID

Tool #

**Plan
Code**

**Accept
Qty**

Reject
Qty

Reject Number

**Insp.
Stamp**

13x

Sp
12-11-12

220

220

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

12/11/13

ME

12-11-10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

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Picklist Print

September-19-12 8:46:28 AM

Page 1

Work Order ID: 90508

Parent Item: 646.9910

Parent Item Name: Strut

Start Date: 9/19/12

Required Date: 9/28/12

Start Qty: 40.00

Required Qty: 40.00

Comments: IPP REV:A NEW ISSUE 12-09-19 JLM VERIFIED BY:DD

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M6061T6R0.563 6061-T6 ROUND BAR .563 | | Purchased | No | | | | f | 0.0000 | | 88.421053 | | | |

123218

26 M

SA 12/10/16

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

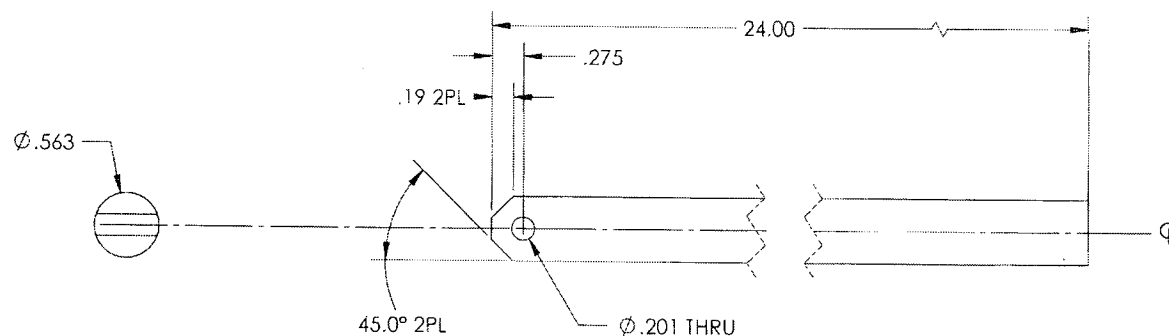
FAULT CATEGORY

| | | | | |
|---|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|---|---|---|--|---|

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NOTES:

- 1 MATERIAL: 6061-T6 ALUMINUM BAR IAW AMS-QQ-A-250/11
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120



646.9910

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 84691 MLJ
12-09-19

| QTY | PART # | DESCRIPTION | MATL | SPEC. |
|--|----------|--|-----------------|----------|
| 646.9910 | STRUT | | | |
| PARTS LIST | | | | |
| NEXT ASSY (S) | 646.9500 | APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300 | | |
| STRUT | | | | |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DIMENSIONS ARE DIMENSIONS ARE DIMENSIONS ARE | | | REF. CHANGE NO. | DWG. NO. |
| | | | B | 070112 |
| | | | SCALE | NONE |
| | | | SHEET | 1 OF 1 |



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 61988

Date: 18-Oct-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | | Ship Via | |
|--|---|----------|-------|
| Quantity | Description | | |
| 1 lot | Part: ASST 13 PCS 646.9910 43 PCS 647.0113 40 PCS 647.0310 20 PCS 647.0310 BLACK ANODIZE MIL-A-8625 TYPE 2 CLASS 2 Job: 20120630 | Rev: | Line: |
| <p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>18/10/12</u></p> <p>CERTIFIED SIGNATURE: <u></u></p> <p>RECEIVER SIGNATURE: _____</p> | | | |

DART

aerospace

Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1052

PURCHASE ORDER

Purchase Order ID PO18103

Purchase Order Date 10/11/12
PO Print Date 10/11/12

Page Number 2 of 3

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Contact Name

Vendor Phone 613-446-4544

Vendor Fax 613-446-4556

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

10127-2607

Tax Resale Nbr

Net 30

Terms

Currency

CAD

FOB

Destination-Collect

| | | | | | | | |
|---|-------|--------------------|-----------------|------|------------------|-----------|---------|
| 3 | 91382 | D4410-3 FACE PLATE | 10/15/12 Yes | 8.00 | FedEx PI collect | \$11.2500 | \$90.00 |
|---|-------|--------------------|-----------------|------|------------------|-----------|---------|

Special Inst: BLACK ANODIZE AS PER DWG D4410
REV. B
B91382

FINISH; HARD ANODIZE IAW MIL-A-
8625 TYPE III, CLASS 2,
COLOR BLACK

| | | | | | | | |
|---|-------|----------------|-----------------|-------|------------------|----------|---------|
| 4 | 90508 | 646.9910 STRUT | 10/17/12 Yes | 13.00 | FedEx PI collect | \$6.9300 | \$90.09 |
|---|-------|----------------|-----------------|-------|------------------|----------|---------|

Special Inst: BLACK ANODIZE AS PER DWG 646.9910
B90508

FINISH; HARD ANODIZE IAW MIL-A-
8625 TYPE III, CLASS 2,
COLOR BLACK

| | | | | | | | |
|---|-------|---------------------------|-----------------|-------|------------------|----------|----------|
| 5 | 89700 | 647.0113 STRUT DOUBLER | 10/17/12 Yes | 43.00 | FedEx PI collect | \$2.5581 | \$110.00 |
|---|-------|---------------------------|-----------------|-------|------------------|----------|----------|

Special Inst: BLACK ANODIZE AS PER DWG
6467.0113
B89700

FINISH; HARD ANODIZE IAW MIL-A-
8625 TYPE III, CLASS 2,
COLOR BLACK

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required - YES NO

Change Nbr: 2

Change Date: 10/11/12